

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101561901

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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24						
25						
26						
27						
28						
29						
30						
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1	1				
39	1	1				
40	1	1				
41	1	1				
42	1	1				
43	1	1				
44	1	1				
45	1	1				
46	1	1				
47	1	1				
48	1	1				
49	1	1				
50	1	1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53		1				
54		1				
55	1					
56		1				
57	1					
58	1					
59		1				
60	1					
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	6					
TOTAL CLAIMS	34					